EXHIBIT C

FORM B10 (Official Form 10) (10/05) -gwz Doc 8639-3 Entered 07/14/11 16:15:27 Page 2 of 11

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVAD	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOTE. This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	rative expense arising after the comme be filed pursuant to 11 U.S.C. § 503	ncement
Name of Creditor (The person or other entity to whom the debtor owes money or property) PAVIO M OLDS 4 SALLY W OLDS NYW AS JT Name and address where notices should be sent ROBERT C. LEPOME	Check box if you are aware that else has filed a proof of claim re your claim. Attach copy of state giving particulars Check box if you have never recontices from the bankruptcy courase.	lating to enent erved any
10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	Check box if the address differs address on the envelope sent to y the court.	
Last four digits of account or other number by which creditor identifies debtor	Check here replaces if this claim amends a prev	riously filed claim, dated
1 Basis for Claim GENERIL UNSE Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other NEGLICENCE & FRAUD	Wages, salaries, and Last four digits of year	on for services performed
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date	obtained:
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	Claim, or one or Brief Description of a right of setoff) Brief Description of Real Estate (Value of Collateral Amount of arrearage and secured claim, if any \$ Up to \$2,225* of deposits or services for personal, far \$ 507(a)(7) Taxes or penalties owed to Other - Specify applicable *Amounts are subject to adjusting with respect to cases commutes to the principal amount of the claim to the principal amount of the claim.	our claim is secured by collateral (including of Collateral Motor Vehicle S Other
 Credits: The amount of all payments on this claim has been making this proof of claim. Supporting Documents. Attach copies of supporting docume orders, invoices itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date. Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date. Sign and print the name and title if any of the file this claim (a	nts, such as promissory notes, purchasts, court judgments, mortgages, seculo ORIGINAL DOCUMENTS If the innous, attach a summarying of your claim, enclose a stamped, e creditor or other person authorized	self- Ito FILED DEC 0 7 200

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both. 18 U.S.(



United States Bankruptcy Court	Drs	TRICT (⊁ Nev	ada	_	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL WORTGAGE COMPANY Case Number OG-10725-LBR					λ	PROOF OF GLAIIVI
NOTE This form should not be used to make a claim for an administrative expense in the case. A request for payment of an administrative expense in	t					
Name of Creditor (The person or other entity to whom the debies owes money or property) SHEROW TRUST DATED 9/11/89	else has filed a proof of claim relating to your claim Attach copy of statement or your particulars					
Name and address where notices should be sent AARON OSHEROW, TRISTEE 200 S. BRENTWOOD BLVD H9d ST LOUIS, MG 63105		ices from e eck box if	the bank the addre	ruptcy court in the	15	
Last four digits of account or other number by which creditor	Che	court. eck here	repla	ces		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	1f tr	us claım	amer	ids a previously	filed	claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other			ages, sal ast four c npaid co	artes, and compedigits of your SS mpensation for se	nsatio # ervice	
2 Date debt was incurred 4/18/05	3.	If cou	rt judgn	ent, date obtain	ied	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$544,233.01 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority \$	or claim, or none or which is or n 180 r or *An	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ mounts ar	Check the of set	is box if your claim of the scription of Collaters Size and other claims of the scription of Collaters Size are and other claims of the scription of the script	m is so	ecured by collateral (including bincle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$544	,233.	- باسالست	544,233.	07	\$544.233.DV
Check this box if claim includes interest or other charges in additional charges	dition to th	(unsecure le principa	xd) al amoun	(secured) it of the claim At	(pric	ority) (Total) temized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim				-	Тн	IS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments.	acts court. ID ORIGII	judgment NAL DO	s, mortg	ages, security		FILED JAN 1 0 200
8 Date Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ling of you	ır claım, e	nclose a	1, 11-	ED	1 0 2007
JAN 9, 2007 file this chan (attach copy of power lattor	mey, if any	True	Tee	,		LISA CMO
AARON I OSHE	ROW,	TRO	STEE	Ę		USA CMC

ORM 810 (Official Form 10) (10/05)		4
United States Bankruptky Court	DISTRICT OF Nevada	DROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Number 06 - 10725 - LBR	PROOF OF CLAIM
NOTI- This form should not be used to make a claim for an administration of the case. A request for payment of an administrative expense may		ZÜÜT JAN 12 P
Name of Creditor (The person or other entity to whom the debtor owes money or property) DONALD H. PINSKER, W UNMARRIED MAN	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	, Di
Name and address where notices should be sent DONALD H. PINSKER 8650 WEST VERDE WAY LAS VERAS, NV. 89149-14145 Telephone number 702/515-0869	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by	Tors Source a vive Court He Court
Telephone number 702/57/5-0869 Last four digits of account or other number by which creditor	the court. Check here replaces	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor ACC Tr. 9748	if this claim amends a previously filed	claim dated
I Basis for Claim Goods aold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A	Retiree benefits as defined in 11 Wages salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below)
2. Date debt was incurred 3-24-05	3. If court judgment, date obtained	
Check this box if a) there is no collateral or lien securing you by your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of a entitled to priority Amount entitled to priority Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B) Wages, salarics, or commissions (up to \$10,000),* earwed with days before filing of the bankruptcy petition or cessation of the debusiness, whichever is earlier - 11 U.S.C. § 507(a)(4)	Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$UUK Amount of arrearage and other charge secured claim, if any \$12,761. Up to \$2,225* of deposits toward purch or services for personal family, or hous \$ 507(a)(7) Taxes or penalties owed to governments ofter's Other - Specify applicable paragraph of	is at time case filed included in 36 LINE 2 F.L. A. Mase, lease, or rental of property lehold use - 11 USC \$ 507(a)(8) If II USC \$ 507(a)()
Contributions to an employee benefit plan - 11 USC § 507(a)	with respect to cases commenced on or	
5. Total Amount of Claim at Time Case Filed	\$816,528 58 816,528.58	8/6/528・58 iority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to the principal amount of the claim. Attach	itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim	n credited and deducted for the purpose of T	HES SINCE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, contragreements, and evidence of perfection of lien. DO NOT SER documents are not available, explain. If the documents are volus. 8. Date-Stamped Copy: To receive an acknowledgment of the faddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of file this claim (attach copy of power/of atto-	racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the uminous, attach a summary filing of your claim, enclose a stamped, self- the creditor or other person authorized to	
Penalty for presenting fraudulent claim. Fine of up to \$500,000 o	AREN, AN CHIMARPIED MAN	USA CMC

UNITED STATES BANKRUPTCY COURT PI DISTRICT OF NEVADA	ROOF OF CLAIM
Name of Debtor Case	Number .
USA Commercial Mortgage Co. 00	0-10725-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are
ansing after the commencement of the case. A "request" for payment of an	aware that anyone else has filed a proof of claim relating to
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address	your claim Attach copy of statement giving particulars
Dennis RAGGI PO Box 10475	Theck box if you have never received any notices from the bankruptcy court or BMC Group in this case. DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
	Check box if this address
Zeenya Cove, Wevada 89448-2475	differs from the address on the envelope sent to you by the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number () 775 901 1357 Last four digits of account or other number by which creditor identifies debtor	court THIS SPACE IS FOR COURT USE ONLY
	Check here replaces or a previously filed claim dated amends
	e benefits as defined in 11 U S C § 1114(a) Unremitted principal
☐ Services performed ☐ Taxes ☐ Last for	s, salaries and compensation (fill out below) Other claims against service (not for loan balances)
☐ Money loaned ☐ Other (describe briefly) Unpai	d compensation for services performed from to
	(date) (date) COURT JUDGMENT, DATE OBTAINED
10 30 CF	scribe your claim and state the amount of the claim at the time case filed
See reverse side for important explanations.	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ \(\frac{1}{2} \) \(\frac{1}{2} \) Check this box if a) there is no collateral or lien securing your claim or b) your claim.	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim entitled to priority	a right of setoff)
UNSECURED PRIORITY CLAIM	Bnef description of collateral
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Motor Vehicle Other Value of Collateral \$
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any: \$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase lease, or rental of property or
Wages salaries, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
business, whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5. TOTAL AMOUNT OF CLAIM \$ \\O\451\\ 5\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	\$\$\$ JOHS 124
AT TIME CASE FILED (unsecured)	(secured) (priority) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges.
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts, court judgments, mortgages security agreeme DOCUMENTS If the documents are not available explain. If the document	such as promissory notes, purchase orders invoices itemized statements of nts, and evidence of perfection of lien DO NOT SEND ORIGINAL is are volumnous, attach a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the filing or proof of claim	
The original of this completed proof of claim form must be sent by mai	or hand delivered (FAXES NO* THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat	ing Pacific time, on November 13, 2006 USE ONLY
governmental units)	D OR OVERNIGHT DELIVERY TO
BMC Group BMC G	
P O Box 911 / 1330 Ea	st Franklin Avenue FIFD JAN 6.8 2007
DATE SIGN and print the name and title, if any of the creditor	or other person authorized to file
12-29-2006 this claim (attach copy of power of attorney if any	A TOTAL MANIFESTER OF THE
Wenn's	KAGG USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up t	0 5 years or both 18 U S C §§ 152 AND 3571

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FORM B10 (Official Form 10) (10/05)

FORM DIO (CARCIAI FORM TO) (10/05)						
United States Bankruptcy Court	Dr.	STRICT	r OF	Nevada	the opposite of the second	PROOF OF CLAIM
Name of Debtor	Case	Numb	er			11001 OF OLDING
USA Commercial Mostage Company	иI	06) ~ \	0725-	LBR	
NOTF This form should not be used to make a claim for an adminis	strative exp	pense a	msing	after the co	mmencemen	1
of the case. A request" for payment of an administrative expense ma	y be filed	pursua	ent to	II USC. §	503	
Name of Creditor (The person or other entity to whom the	Che	ck box	t if yo	ou are aware	that anyone	
debtor owes money or property)	else	has fi	led a	proof of clau	m relating to	
Dennis Racci, a married man dealing		r clain ing par		ach copy of	statement	
Name and address where notices should be sent				ou have neve	r received a	ay
1	not	ices fro		e bankruptcy		
Dennis RAGGI	П Che		c if the	e address dif	fers from the	
PO Box 10475, Zephyz Cove, NV 89448 Telephone number 775-901-1357	add	ress or		envelope sen		THIS SPACE IS HOR CORRY USE ONLY
Last four digits of account or other number by which creditor		court.	a IV	replaces		
identifies debtor	r .	us clau		amends a	previously	filed claim dated 12-29-06
1 Basis for Claim	L	TT	Det			n U S C. §
Goods sold		H				nsation (fill out below)
Services performed		LJ	Last	four digits	of your SS	***************************************
Money loaned Personal injury/wrongful death			Unp	aid compens	sation for s	ervices performed
			fron	1	4.2	_ to
Taxes Sce Exhibit A				(da	ie)	(date)
2. Date debt was incurred	3.	If c	ourt ,	judgment, o	iate obtain	ed:
November 2003					•••••••••••••••••••••••••••••••••••••	
4 Classification of Claim Check the appropriate box or boxes the	at best des	icnbe y	your c	claum and sta	te the amou	int of the claum at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 2,442,034 35		I	:ured	Claim		
	rolaum or	X	Ch	eck this box	if your clair	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) i only part of your claim is entitled to priority	none or	arı	gnt o	f setoff)		
	~	-	Br	ef Description	-	
Unsecured Priority Claim			K)	Real Estate		or Vehicle Other
Check this box if you have an unsecured claim all or part of w	hich is			lue of Collat		n Kown
·		Am	ount	of arrearage claum if any	and other cl	narges <u>at time case filed</u> included in
Amount entitled to priority \$	-	L				
Specify the priority of the claim	Ш	Up to	\$2,2	25* of depos	ats toward p	ourchase, lease, or rental of property household use - 11 U.S C
Domestic support obligations under 11 U S C \ 507(a)(1)(A) or (a)(1)(B)	r	§ 507	(a)(7))	iamny, or	nousenoid use - 11 U.S C
	11	Taxes	or pe	enalties owed	to governm	nental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U S C § 507(a)(4)	180 T					oh of !! USC § 507(a)()
business, whichever is earlier - 11 USC § 507(a)(4)	,	nounts	are s	ubject to adj	ustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(a)	(5)	with r	espec	t to cases co	mmenced o	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$.	*****		132 544	the same of the last of the la	2,442,0342
Check this box if claim includes interest or other charges in additional phonons	ition to the	(unsec	outed) anala	sec) mount of the	ured) e claim Att	(priority) (Total)
unctest of authorist charges.						mon resultant statelifelif (N. Si)
6. Credits: The amount of all payments on this claim has been of	credited a	nd ded	ucted	for the purp	ose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach comes of supporting documents						
7 Supporting Documents Attach copies of supporting documents orders invoices, itemized statements of running accounts, contract	nis, such i ets. court :	ıs pron	nissoi ente	ry notes, pur morteages c	chase	
agreements, and evidence of perfection of lien DO NOT SEND	ORIGIN	IAL D	OCU	MENTS IF	the	
documents are not available explain. If the documents are volume	unous, att	ach a s	umm	ary		ann?
 Date-Stamped Copy: To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim 	ng of you	r claım	ı, enci	lose a stamp	ed, self-	ED JAN 12 2007
Date Signand print the stame and title, if any, of the	e creditor	or oth	pr no	rean author-	F F	EU JIW
nie this claim (attach copy of power of attorn	ey, if any))	or he	ison aumon:	ccu to	
1/8/2007						
1/20/ v/565)						1104.0140
Penulty for presenting frondulant days they be a second						USA CMC

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dı	STRICT O	I N	evada		PROOF OF CLAIM
Name of Debtor USA Comy	us A Commercial Montgage Company Case Number 06-10725-LBR					TROOF OF OLAHVI	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503.							
Cobot a F	ags Bank Custodian For iller IRA where notices should be sent	elso you givi Chu noti	has filed a or clum A ong particul ock box il y occs from t	a proc ttach lars ou ha	re aware that anyone of of claim relating to copy of statement ave never received an nkruptcy court in th	ny	
SITL English Las Vegas, Telephone number	NAISY Way NN 89142 702 207 - 499 count or other number by which creditor	Check box if the address differs from the address on the envelope sent to you by the court Check here Mieplaces					THIS STACE IS FOR COURT USE ONLY
identifies debtor		Į	us claim			filed c	laım dated
Money Io	old performed		Wa Las Un	iges st fou paid	benefits as defined in salaries and compo- ir digits of your SS compensation for so (date)	nsatioi # ervice:	n (fili out below)
2 Date debt wa		3	If court	t judi	gment, date obtain	ed	
See reverse side f Unsecured Nonpr Check this box b) your claim execce only part of your cle Unsecured Priority Check this box entitled to priority Amount entitled to p Specify the priority of th Domestic support (i)(1)(B) Wages salaries days before filing of the business whichever in Contributions to Total Amount Check this box is interest or additing	if you have an unsecured claim all or part of worth or claim or obligations under 11 U S C \$ 507(a)(1)(A) or commissions (up to \$10 000) * carned within the hankruptcy petition or cessation of the debte is earlier 11 U S C \$ 507(a)(4) or an employee benefit plan 11 U S C \$ 507(a) to f Claim at Time Case Filed to claim includes interest or other charges in additional charges	r claim or none or which is	Secure B W Amount secured Up to \$2: or service \$ 507(a)(Taxes or products are with respectively (unsecured e principal	tof Clare (alue of alue of alu	this box if your claim toff) Description of Collateral Surrearage and other claim if any \$\frac{1}{2} \sum_{1} \sum_{2} \sum_{2} \text{carage and other claim if any \$\frac{1}{2} \sum_{2} carage to adjustment on cases commenced of the claim Attention attention attention attention attention attention attention attention attention attenti	m is sector Veh ank what harges purcha housel ph of 1 4/1/07 or a)	at time case filed included in Labor. See lease or rental of property hold use 11 U S C \$ 507(a)(8) If U S C \$ 507(a)() If and every 3 years thereafter five date of adjustment [108, 272, 33]
making this proof 7 Supporting Doc orders invoices if agreements and e documents are no 8 Date Stamped C	terments Attach copies of supporting documents termized statements of running accounts contract the surface of perfection of lich DO NOT SENIOR to available explain if the documents are volunt to a copy of this proof of claim. Sign and print the name and title if any of the surface of the	ents such a cts courty D ORIGIN ninous att ing of you ne creditor	as promiss judgments VAL DOC ach a sumi r claim en	ory n mor UME mary iclose	notes purchase tgages security ENTS If the		JAN 12 2007
1-10-07	Hobert a Fulle	ney if any) '				usa cmc

UNITED STATES BANKRUPTOV COURFUS DISTRICT OF NEVADA:		opfof/claim	L5:27 Pag	je 8 of 11
Name of Debtor USA COMMERCIAL MURTGAGE CO	Case Nu	mber - 10725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expraining after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address S & P DAVIS LIMITED PARTNERSHIP A TEXAS PARTNERSHIP PO BOX 5718 ENCINITAS GA 92023 C PRLSBAD, CA 9.	De	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTER ONE OF THE DEI If you have aire Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (\$7) 3/2 - 5 350 (cell) Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT USE ONLY
6129		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Wages, s	penefits as defined in 11 U S of salaries, and compensation (for digits of your SS #	C § 1114(a) fill out below)	Unremitted principal Other claims against servicer (not for loan balances)
NECLILENCE & FRAUD	> <u> </u>		التناسيس والمتالي والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية وا	(date) (date)
2 DATE DEBT WAS INCURRED /-1-05 to 4-13-06 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE On the your claim and state the amounts of the state the state.		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 4/9, 98/ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	your claim our claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM	,	Brief description of Real Estate	_	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	secured claim if any \$		or rapid of annual to
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	<u> </u>	Up to \$2 225° of deposits towa services for personal family of Taxes or penalties owed to go	r household use -1 vernmental units - 1	1 U S C § 507(a)(7) 11 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	L_	Other - Specify applicable para * Amounts are subject to adjus with respect to cases commen	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 419 5	····	\$		\$ 41.7,951
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach iter	(pnonty) mized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available, explain. If the documents are not available, explain.	dited and c uments, su agreement	deducted for the purpose of much as promissory notes, pure sand evidence of perfection	naking this proof chase orders, inv	of claim
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	n, prevailir corporatio	ng Pacific time, on Novemberns, joint ventures, trusts an	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911) IT	FILED DEC 0 4 2006		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn Rose C. Le Paris	ne creditor o	do, CA 90245 or other person anthonzed to file		USA CMC
		3	7 70,000	1072501419

FORM BID (Official Form To) (10/05)		
United States Bankruptcy Court	DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Dubtor	Case Number	
USA COMMUNICAL MONTGAGE COMPANY	06-10725-LBR	
NOTE This form should not be used to make a claim for an adminis	strative expense arising after the commencement	
of the case. A request for payment of an administrative expense ma	y be filed pursuant to 11 USC § 503	
	Check box if you are aware that anyone	
Name of Creditor (The person or other entity to whom the debtor owes money or property) FIRST SAUNUS	else has filed a proof of claim relating to	
BANK CUSTO DIAN FOR	your claim Attach copy of statement	
RANDY SANCHEZ IRA	giving particulars	
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this	
RANDY SANCHEZ 5713 N WHITE SANDS RU RENO, NV 8951	case	
5713 N WHITE SANDS RU	☐ Check box if the address differs from the	
Telephone number 775-852-2083	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	CT 11	1. 1. 1
identifies debtor	of this claim amends a previously filed c	laim dated <u>8/10/06</u>
1 Basis for Claim	☐ Retiree benefits as defined in 11 l☐ Wages salaries and compensation	
☐ Goods sold ☐ Services performed	Last four digits of your SS #	
Money loaned	Unpaid compensation for service	s performed
Personal mjury/wrongful death	from to_	
Taxes CZ EXHIBIT A	from toto	(date)
rs Other	13 10 11 11 11 11	
2 Date debt was incurred	3. If court judgment, date obtained	
MARCH 2004		
4 Classification of Claim. Check the appropriate box or boxes the		the claim at the time case the
See reverse side for important explanations Unsecured Nonpriority Claim \$ 347,031.95	Secured Claim	
4	Check this box if your claim is se	ecured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	none or a right of setoff)	
only part of your claim is entitled to priority	Brief Description of Collateral	
Unsecured Priority Claim	P Real Estate ☐ Motor Ver	
Check this box if you have an unsecured claim all or part of	which is Value of Collateral \$ Uwk	(พอพีม)
entitled to priority	Amount of arrearage and other charges	s at time case filed included in
Amount entitled to priority \$	secured claim, if any \$_5,120	. 25
	Up to \$2 225* of deposits toward purcha	ase, lease or rental of property
Specify the priority of the claim	or services for personal family or house	ehold use - 11 U S C
☐ Domestic support obligations under 11 USC § 507(a)(1)(A) (a)(1)(B)	* ***	
	☐ Taxes or penalties owed to governmenta	
☐ Wages, salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb	in 180 Other - Specify applicable paragraph of	11 USC § 507(a)()
business whichever is earlier - 11 USC § 507(a)(4)	*Amounts are subject to adjustment on 4/1/0	
☐ Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) with respect to cases commenced on or o	after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	\$347,03 <i>1.95</i> <u>347,031.95</u>	347,031,95
	(unsecured) (secured) (pri	onty) (Total)
 Check this box if claim includes interest or other charges in ad interest or additional charges 	idition to the principal amount of the claim Attach i	temized statement of all
6. Credits The amount of all payments on this claim has bee	n credited and deducted for the nursose of	on Check to two Control Law Control
making this proof of claim		RES SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting docum	nents such as promissory notes, purchase	JAN 12 2007
orders invoices itemized statements of running accounts conti	racts court judgments mortgages, security	- ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
agreements and evidence of perfection of lien DO NOT SEI		
documents are not available explain If the documents are volu-	uminous attach a summary	
8. Date-Stamped Copy To receive an acknowledgment of the i	filing of your claim, enclose a stamped self-	
addressed envelope and copy of this proof of claim		
	the creditor or other person authorized to	
Date Sign and print the name and title if any, of file this claim (attach copy of nower of attach		
file this claim (attach copy of power of atte	orney if any)	LICA CNO
		USA CMC

ORM B10 (Official Form 10) (10/05)	Diera	cr O	· N	levada	PROOF OF CLAIM
UNITED STATES BANKRUPTCY COURT	DISTRICT OF Nevada			ievada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MONTLAGE (0	Case Number 06-10725-LBR				
NOTI- This form should not be used to make a claim for an administrative expense may	· ·				
Name of Creditor (The person or other entity to whom the debtor owes money or property) ANTHUR F & LYAA S SCHATEER, THE STEES LITTLE TREST DATES F THE SCHATEER LITTLE TREST DATES Name and address where notices should be sent	else ha your c giving Check notice	is filed laim A particu	a prottac iars vou	are aware that anyone oof of claim relating to the copy of statement have never received any bankruptcy court in this	
ARTHUR FOHN TEER 20155 NE 38 h CT, #1604 AVENTURA FL 33180	Case Check addre	ss on th	the e en	address differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number 305 - 932 8035 Last four digits of account or other number by which creditor	Chec	here claim	\prod	replaces amends a previously filed	i claım dated
identifies debtor 0983	14 CHIS				
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Cother		ן נ	Vage ast Inpa	ee benefits as defined in less salaries and compensation digits of your SS # _aid compensation for servicet (date)	tion (fill out below) ices performed
2 Date debt was incurred	3.	If co	art j	judgment, date obtained	
JUNE, 2004 4. Classification of Claim Check the appropriate box or boxes to	hat best des	enbe ye	our (claim and state the amount	of the claim at the time case filed
Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it, or if conly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A)(a)(1)(B) Wages, salaries or commissions (up to \$10 000) * earned with days before filling of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in interest or additional charges	which is or thin 180 abtor s *A 7(a)(5)	Amsect Up to or ser § 507 Taxes Other mounts with i	Vice (a)	alue of Collateral \$ \(\text{L17} \) and of arrearage and other charcelaim, if any \$ \(\text{L7} \) 225* of deposits toward pures for personal family or heart to case of the collateral period and the collateral period of the collateral collateral period of the collateral c	rges at time case filed included in 33. 33 richase lease or rental of property ousehold use - 11 U S C ental units - 11 U S C § 507(a)(8) th of 11 U S C § 507(a)() 11/107 and every 3 years thereafter or after the date of adjustment 1774 903.40
6 Credits The amount of all payments on this claim has be making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts co agreements and evidence of perfection of lien DO NOT S documents are not available explain if the documents are v 8. Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, file this claim (attach copy of power of a	uments, such intracts countracts countracts countracts columnous, the filing of y of the credit	h as protigional transfer of Canal Transfer of C	omis nent DO s sur im,	ssory notes, purchase ts mortgages, security CUMENTS If the mmary enclose a stamped self-r person authorized to	ED JAN 12 2007
Penalty for presenting fraudulent claim. Fine of up to \$50000	7/			up to 5 years or both 18 U	USA CMC USA CMC 1072502149

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case No	umber	Schedule/Clarm ID s32544
USA Commercial Mortgage Company		725-LBR	Amount/Classification
OOA Commercial mortgage Company	00-10	725-LDIT	\$12 951 80 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp		Check box if you are aware that anyone else has	
arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	or an	filed a proof of claim relating	The amounts reflected above constitute your claim as
Name of Creditor and Address 113212400 SIERRA WEST INC PO BOX 8346	02173	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent.
INCLINE VILLAGE NV 89452 8346		BMC Group in this case Check box if this address	Unliquidated or Disputed, a proof of claim must be filled
		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number () 775 831.8346		court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace of this claim amer	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal ınıury/wrongful death	Wages	salaries and compensation (fill out below)
☐ Services performed ☐ Taxes ☐ ☐ Taxes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		r digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly) INTERES / FRAID		compensation for services pe	(date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE C	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amour	nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ 31 263		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim ir claim is	a right of setoff)	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	_
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate Value of Collateral	
Amount entitled to priority \$		Amount of arrearage at	nd other charges at time case filed included in \$374,320,35
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_		
Wages salaries or commissions (up to \$10 000) earned within 180 days	L.,	services for personal family o	rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	<u> </u>	•	vernmental units 11 U S C § 507(a)(8) igraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u>L</u>	Amounts are subject to adjus	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 31263 \$	394	320.32 \$	\$ 425,583.32
AT TIME CASE FILED (unsecured)	,	secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the	<i>uments,</i> si agreemen	uch as promissory notes pure its and evidence of perfection	chase orders invoices itemized statements of not lien. DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	i, prevaili corporati	ng Pacific time, on Novemb ons, joint ventures, trusts a	per 13, 2006 USE ONLY and
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	Attn USA 1330 Eas	OR OVERNIGHT DELIVERY TO Jup ACM Claims Docketing Cente It Franklin Avenue do CA 90245	FILED NOV 0 6 2006
SIGN and print the name and title if any of the this claim (attach copy of power of attorn SIERRA WEST INC BY		other person authorized to file	USA CMC